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**\*BIBDATASHEET\***

CONFIRMATION NO. 1349

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/057,419	<b>FILING OR 371(c) DATE</b> 01/25/2002 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> P-7586.01
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/870,097 05/30/2001 PAT 6,650,942

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/19/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

27581

**TITLE**

IMPLANTABLE MEDICAL DEVICE WITH A DUAL POWER SOURCE

<b>FILING FEE RECEIVED</b> 1550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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